



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**SECURITY PROCEDURES: Security Camera System
for the Forensic Mental Health Facility**

Effective Date: May 18, 2017

Policy #: MSH FMHF-27

Page 1 of 3

- I. PURPOSE:** To provide guidance regarding the security camera system and utilization of the records generated by the system at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:** The security camera system at the FMHF consists of video cameras throughout the building with most having audio capabilities. The cameras are used to assist in monitoring the observation/seclusion rooms, day halls, corridors, and other locations not readily observed from the main control room. Cameras are not placed in bathrooms, showers, or individual patient rooms on A, B, or C pods; however, all seclusion/restraint rooms on D pod contain audio-video cameras. The security camera system is not intended to be a substitute for direct patient-staff interaction, but is intended to supplement those interactions and enhance safety for patients and staff. Signs are posted throughout the facility indicating they are being recorded by an audio-video camera system.
- III. DEFINITIONS:**
- A. Security Camera System: A network of cameras, monitors, and computers placed at various locations in the FMHF for the purpose of monitoring and record retention, and to enhance safety and security for patients and staff.
 - B. Security Camera System Records: Images, audio, and data recorded on external devices or saved to a computer hard drive from the security camera system.
 - C. Primary Records: Records which are stored for up to 60 days in the security camera system archive.
 - D. Copies of Records: Records that are duplicated or reproduced in any form or format from the primary records.
- IV. RESPONSIBILITIES:**
- A. Security Manager or designee:
 - 1. Authorizes access to security camera system records.
 - 2. Receives the "*Request for Viewing of Security Camera System Record for FMHF*" form from staff and initiates appropriate action.
 - 3. Authorized to view primary records and make copies of records.
 - B. Program Manager or designee:
 - 1. Authorizes access to security camera system records.

Montana State Hospital Policy and Procedure

SECURITY PROCEDURES: Security Camera System for the Forensic Mental Health Facility

Page 2 of 3

2. Receives the “*Request for Viewing of Security Camera System Record for FMHF*” form from staff and initiates appropriate action.
 3. Authorized to view primary records and make copies of records.
- C. Nursing Supervisor:
1. Authorized to view the Security Camera System primary records in its archival capacity.
- D. Registered Nurses:
1. Authorized to view the Security Camera System primary records in the previous 15 minutes of archival capacity.
- E. Forensic Mental Health Technicians:
1. Authorized to view the Security Camera System in live time only.

V. PROCEDURE:

- A. When utilizing audio-visual cameras in D pod to monitor seclusion and restraint, the Security Camera System will be used in accordance with FMHF policy, # MSH FMHF-16, *Use of Seclusion and Restraint and the Forensic Mental Health Facility*.
- B. FMHF employees have no expectation of privacy regarding activities recorded by the Security Camera System (both audio and video). Any and all images and recordings on the primary record and the copied record generated by the Security Camera System may be utilized in investigations and/or with respect to disciplinary action.
- C. Anyone requesting review of the Security Camera System Primary Records must obtain authorization from the Security Manager or Program Manager or their designee. Requests must be made in writing using the *Request for Viewing of Security Camera System Record for FMHF* form (Attachment A).
- D. Security Camera System Copies of Records are FMHF records and will be maintained in the same manner as other legal records and may be a part of the medical record. Copies of Records are made for the following purposes:
 1. To investigate abuse or neglect allegations, which will be preserved in the investigation file.
 2. To report possible crimes to law enforcement agencies, which will be preserved in the incident report file.
 3. Disturbances, Code Green, Code Blue, Code Orange, and policy violations which will be preserved in the investigation file or incident report file.
- E. Copies of Records that contain images of patients created for clinical and administrative purposes are protected by the constitutional right to privacy, Montana Constitution, Article II, Section 10. Copies of Records are “Protected Health Information for the purposes of Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. 1320d, et seq., and implementing regulations at 45 CFR Part 164, and are “health care information” for the purposes of Title 50, Chapter 16, Part 8 MCA.

Montana State Hospital Policy and Procedure

SECURITY PROCEDURES: Security Camera System for the Forensic Mental Health Facility

Page 3 of 3

- F. If a Copy of Record is for a purpose which requires patient authorization under state or federal law or Hospital Health Information Policies, the request must be accompanied by an appropriate written authorization for use and disclosure of health information for each patient whose image is identifiable in any record.

VI. REFERENCES: None

VII. COLLABORATED WITH: MSH Administrator, Director of Clinical Services, Director of Nursing, Director of Human Resources, FMHF Security Manager.

VIII. RESCISSIONS: None, new policy

IX. DISTRIBUTION: FMHF and MSH Electronic policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: FMHF Program/Nurse Manager

XII. ATTACHMENTS:

A. Request for Viewing of Security Camera System Record at FMHF

_____/____/____
Jay Pottenger Date
Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director

REQUEST FOR VIEWING OF A SECURITY CAMERA SYSTEM RECORD AT FMHF

For Policy # MSH FMHF-27, Security Camera System for the Forensic Mental Health Facility

Date of request: _____

Requester: _____

Patient involved: _____

Reason/purpose for request: _____

Copy of record will be maintained as part of the following hospital record: _____

Date, Time, Location and brief description of incident: _____

Details: _____

Patient HIPAA authorization needed: ☐ Yes ☐ No If Yes, copy attached: ☐ Yes ☐ No

If other patients are in the Security Camera System Record, a signed release is attached: ☐ Yes ☐ No

Authorized by:

Security Manager/Designee

Date